

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A

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Limitations of Pediatric or Family Nurse Practitioners' Services
Pursuant to OBRA 1989

Pediatric or family nurse practitioners' services shall be limited to the same Physicians' Services Limitations in Attachment 3.1-A, #5, pages 1 and 2 if applicable. Case management services require prior authorization.

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Replacement Page
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#23.a.

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Transportation Limitations

Ambulance

1. Medical necessity documentation is required for non-emergency ambulance transportation.
2. Non-emergency ambulance transportation is limited to trips to the nearest appropriate facility from the consumer's place of residence and trips from institution to institution.
3. Wheelchair transportation is not covered as ambulance transportation.

Non-ambulance

1. Prior authorization is required for all non-ambulance medical transportation.
2. Limitations do not apply to emergency transportation(trips for medical services which cannot be delayed for prior authorization).
3. Non-ambulance medical transportation is limited to trips over 50 miles one way with the following exceptions:
 - The trip is to receive prenatal services for a pregnant woman.
 - The trip is necessary as an alternative to institutional or more expensive care.
4. Payment for waiting time is not allowed.
5. Subsistence is allowed for the consumer and one attendant if consumer is KAN Be Healthy current.
6. See Attachment 3.1-A, #4.b. for transportation service limitations for children under 21 years of age.

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